

We are going to hear something about his war work from a man who knows all about it, and, I may say, from a man of vision who, alongside of General Pershing who also deeply appreciated Dr. Salmon's efficiency, seized the opportunity of standing behind and staunchly supporting Dr. Salmon, to a large extent making his work possible and contributing to its success. Dr. Salmon had, in Europe, a difficult job entrusted to him. He couldn't have accomplished what he did without help. That help was given to him by a splendid group of medical men, on the one hand, and by a sympathetic General Staff, on the other.

Brigadier General Sanford H. Wadhams is to speak upon Dr. Salmon as "Soldier and Officer." (Applause.)

BRIGADIER GENERAL SANFORD H. WADHAMS

It was my very great privilege to have been associated with Colonel Salmon in France during the dramatic days of 1917 and 1918. I came to know him well and the friendship begun there continued up to the time of his death.

In June 1917 General Pershing had arrived in Paris with the vanguard of what was to become the greatest military force ever assembled under the American Flag. Immediately upon the organization of the headquarters of the American Expeditionary Forces it became my duty, under the direction of General A. E. Bradley, the Chief Surgeon, to develop and make effective a plan for the hospitalization of the American troops who were soon to be transported to France.

Owing to the fact that the Allies had taken possession of practically all buildings in France in any way suitable for hospital use, a very difficult task presented itself. The problem resolved itself into two phases: first, the securing of such buildings as might still be available and suitable

for hospitals and not yet appropriated and, second, the construction of hospitals from the meagre facilities and the small amount of material that was then obtainable in France. Any thought of shipping across building supplies had to be abandoned early. Out of this situation developed the flimsy hut hospital which later grew up in many parts of France.

Comparatively early in the development of this program, Colonel Salmon first came to Chaumont to place before the Chief Surgeon the problems that confronted him as Chief of the Division of Psychiatry of the American Expeditionary Forces. Prior to our entrance into the war Colonel Salmon had, by inspection and personal study, familiarized himself with the methods employed in both the British and French armies in caring for that numerous and very troublesome class of cases designated as the "neuro-psychiatrics."

With his habitually keen analysis of a situation, he had arrived at definite conclusions as to the methods which should be adopted in the A. E. F. I can see Dr. Salmon now as he elaborated his thoughts on this subject. He pictured the man in the trenches living a life almost beyond words to describe, and he pointed out the inevitable result to certain types of individuals of existence under such conditions. He made it very clear that the genuine victims of a war neurosis were sick men and deserved every consideration and care but that at the same time no effort must be spared to provide trained personnel who could distinguish between such cases and the malingerers. One of his early recommendations, which was later embodied in a general order, was to the effect that the use of the term "shell-shock" should be forbidden. He was convinced that by so doing the Americans would avoid what had become a serious situation with the Allies.

Almost the first of the barrack, or hut, hospitals which it had been possible to construct, was located at the little

town of LaFauche, which lay between Chaumont and Neufchateau. It was in the immediate rear of what had been designated as the American Sector, that is the so-called Verdun Sector. The completion of this hospital had been anxiously awaited by the Chief Surgeon's office in order to meet the need for a general hospital to serve the troops in the adjacent training areas. At about the time the hospital was ready to be occupied Colonel Salmon presented to the Chief Surgeon a comprehensive plan for the care of psychiatric cases which were already beginning to develop in considerable numbers in the A. E. F.

One feature, and perhaps the central feature, of his plan was to have this LaFauche hospital designated as the receiving hospital for the neuro-psychiatric cases which would originate in the zone of the army. The plan called for a staff made up of trained personnel, carefully chosen because of their knowledge and experience in handling such cases. Colonel Salmon pointed out that its location was ideal for serving the army and that any part of the front could be reached by ambulance in two hours or less. By establishing an ambulance service at the hospital the whole front area could be readily and promptly served. In other words, his plan would accomplish what he considered was absolutely essential, that is the separation of these war neuroses cases at the earliest possible moment and placing them under the care of men qualified to treat them.

Colonel Salmon's plan was so carefully thought out and so practical, and with every detail of operation foreseen and provided for, that though it meant a considerable sacrifice the Chief Surgeon approved it and the LaFauche hospital was designated as Base Hospital 117, to be used exclusively for psychiatric cases. It might be added here that the plan when put into operation was entirely successful, though attended with many difficulties which it had not been possible to foresee.

These difficulties arose very largely from the fact that after the German break-through in March of 1918, certainly one of the most critical periods of the whole war, General Pershing offered to Marshal Foch, who had just been designated as Supreme Commander, all of his Divisions which had completed their training and were ready for combat service. The result was that at this time American troops, instead of occupying the so-called American Sector, were distributed generally along the entire Western Front.

This distribution of combat troops interfered for a time with the plan so carefully thought out by Colonel Salmon and its complete operation had to be postponed until the American Divisions were once more assembled in the American Sector.

Quoting from memory, it is my recollection that of the entire number of war neuroses cases that developed in the A. E. F., slightly over fifty per cent. were returned to combat duty. In other words, these men went back to the combat organization with which they were serving at the time of the development of the neurosis. Another forty per cent. were restored sufficiently to be able to serve in the rear areas and only ten per cent. were left to be evacuated to the home country. How gratifying these results were can only be understood by comparing the figures given above with like figures of the other armies.

Everything that Colonel Salmon attempted was based on carefully worked out plans. More than that, he had the rare ability to adapt or modify his plans to make them conform with the exigencies of the military situation, a very rare quality. Loyal to his superiors, he had their respect and affection. Kindly and lovable in nature, he was able to instil in the personnel of his department from the highest to the lowest his own broad and sympathetic understanding of the mental crises which the strains and stresses of war produced in the man at the front.

The war over, he at once threw all his energy into assisting the designated governmental agency in solving the problem of the care of the large number of psychiatric cases left in its wake. The Federal Government was illy prepared to care for these men. Congress hastily decided that the care and responsibility of the disabled should devolve upon the Public Health Service. That Service, however, had practically no existing hospitals and no trained personnel to care for the mental cases. Private hospitals properly equipped and staffed did not exist. There was nothing to do, therefore, but to build from the ground up. In the meantime the disabled were accumulating in large numbers with the arrival of transports from France.

In this grave emergency Colonel Salmon placed his services at the disposal of the Government and gave freely of his time and energy as long as there were ex-service men unsupplied with proper care. Those of his friends who knew of the heavy burden he bore at this time will remember his unfailing optimism that this lack of provision for the care of the neuro-psychiatric cases would be corrected. He travelled up and down the country in prosecuting this work, spending his energy, his time and his personal means that the necessary special hospitals and the trained personnel should be made available and that these mental sufferers should have a chance for recovery, or if that were impossible decent institutional care.

Others will tell of his great contribution to medicine but to his friends of war days he will always be remembered as the friend of the soldier, particularly of those who emerged from the war wrecked in mind as well as body.

We do well to honor the memory of Colonel Salmon. In his quiet, unassuming way he carried a great burden and accomplished a great work. Those of us who came to know him well appreciate the great privilege that was ours, the privilege of living and working with a man whose

heart was brimming over with a desire to serve his fellow man. The world is distinctly a better place because Tom Salmon passed this way. (Applause.)

THE CHAIRMAN: General Wadhams has laid stress, as I felt sure he would, upon the planning habit of Dr. Salmon. It was an outstanding factor in the success of all of his work. It resulted in attacking practical problems in a scientific way—getting all the facts possible bearing upon the problems, arranging all the data that could be accumulated with regard to the problems, and then brooding over them and trying to find solutions. He had, in the war, entirely new problems to deal with, for it was a new kind of warfare. No army has ever dealt with its neuro-psychiatric problems as the American Army did in the great World War. In applying the proposed solutions, there was a good deal of prejudice to overcome at first. Indeed, there was some actual antagonism to the methods suggested. It required all the strength of Dr. Salmon's personality, and it required the loyal support of some of his good friends in the Medical Department of the Army and on the General Staff to, as we say, put his ideas across. But they were "put across," and the morale of the American Army was brought up to a higher level than would have been possible without them. Nor were these ideas and the practical results of their application without reflex influence upon the other armies of the allies!

You have just heard that a large percentage of the soldiers suffering from "war neuroses" were sent back to the fighting line very quickly. I have heard it estimated that it amounted to some ten per cent of the fighting force. That was no small contribution to the success of the war, if you will but recall the total number of men in the American Expeditionary Forces.

A Thomas W. Salmon Memorial Committee! After the untimely death of Dr. Salmon, there was a strong feeling

that the life and work of such a man should be properly commemorated. An influential Committee was formed and work was undertaken to raise funds to establish a suitable memorial. It happens that the Chairman of the Ways and Means Committee of that Thomas W. Salmon Memorial Committee knew Dr. Salmon in his very early medical work, for they served together as assistants in the Willard State Hospital some thirty years ago. Both Dr. Salmon and the man I am speaking of certainly did not conform to the popular idea of what psychiatric institutions do to the men who work in them. The idea prevails among the laymen (and I fear also among some doctors) that men who work long in insane asylums gradually become a "little queer" themselves. Dr. Salmon didn't become "queer" and the man who is next to speak didn't become "queer" either. I suppose the whole idea is false, but it is a libel that has some currency in the community. The non-official officers as well as the doctors of the Army are united in praising the common sense, the clear logic, and the pure and unalloyed sanity of Dr. Salmon.

Before we adjourn, we should like to hear in some detail of the Thomas W. Salmon Memorial Committee and its work. May I ask the Professor of Psychiatry at Cornell University, Dr. William L. Russell, for many years the Medical Superintendent of Bloomingdale Hospital, to speak upon this topic? (Applause.)

DR. WILLIAM L. RUSSELL

What I am about to present is a statement relating to the Thomas W. Salmon Memorial Committee and the Memorial.

Little more than three years have passed since Dr. Salmon was here with us, and his personality and his achievements are still vivid in our memories. This meeting is a token of the love and admiration of friends and colleagues